

JUN 02 2004

Printed: 6/2/2004 Time: 1:06:32 PM

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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/055,605
Filing Date	November 1, 2002
First Named Inventor	Costin et al.
Art Unit	1725
Examiner Name	S. M Heinrich
Attorney Docket Number	TU/60-Inch/SCH

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23,844

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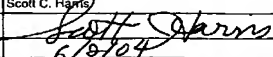
The reasons for this request are: Issues including client's ability to pay for fees and services.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Darryl Costin		
Address	Technolines LLC		
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Signature			Registration No. 32,030
Date	6/2/04		Telephone No. 619 823-7778

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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